

The leading cause of DALYs in men in 1997 was coronary heart disease, followed by homicide and other violence, alcohol dependence, drug overdose, and depression. In women, the leading cause of DALYs was also coronary heart disease, followed by alcohol dependence, diabetes, depression, and osteoarthritis.

Age-adjusted rates of premature death (YLLs), disability (YLDs), and overall disease/injury burden (DALYs) in the county population, show marked differences by gender and race/ethnicity. The rate of DALYs is higher in males (119 per 1,000) than females (94 per 1,000). This difference is attributable to a 50% higher rate of premature death among men (67 per 1,000) than women (44 per 1,000). The DALYs rate is highest among African-Americans (190 per 1,000), followed by American Indians/Alaska Natives (149 per 1,000), whites (113 per 1,000), Latinos (94 per 1,000), and Asians/Pacific Islanders (77 per 1,000).

A more detailed report recently released by the Los Angeles County Department of Health Services includes DALYs estimates for the eight SPAs and information on the leading causes of premature death and disability in each of these areas.⁵

Burden of Disease—Data Sources

1. Los Angeles County Department of Health Services—Public Health
Office of Health Assessment and Epidemiology
Epidemiology Unit

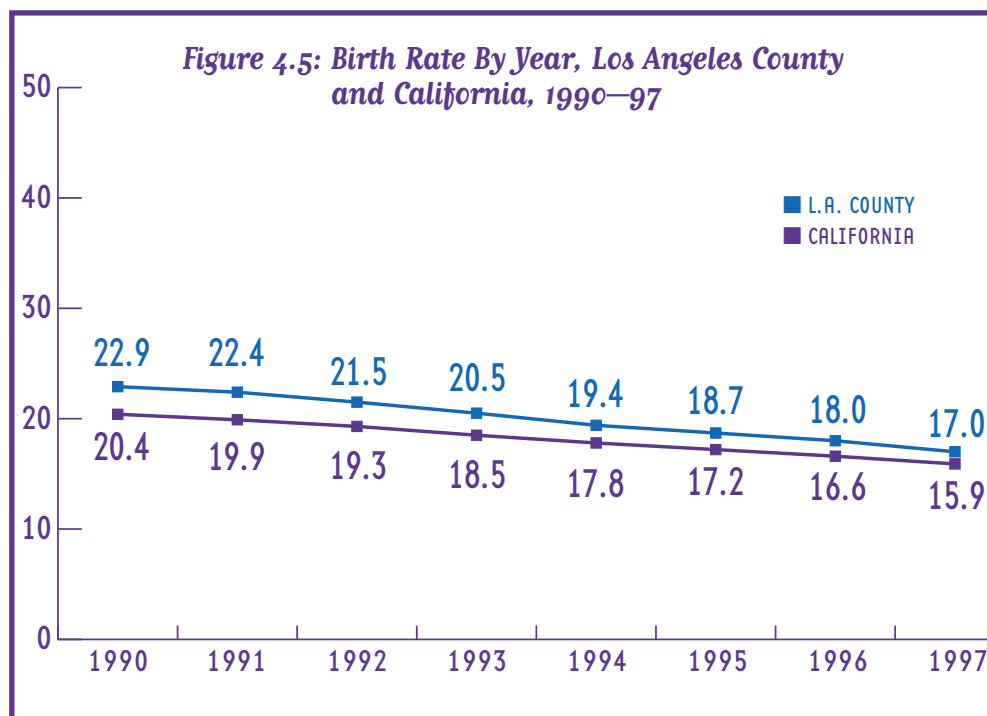
2. Harvard University School of Public Health
Center for Population and Development Studies
Burden of Disease Unit

See Appendix for complete references on these and other data resources.

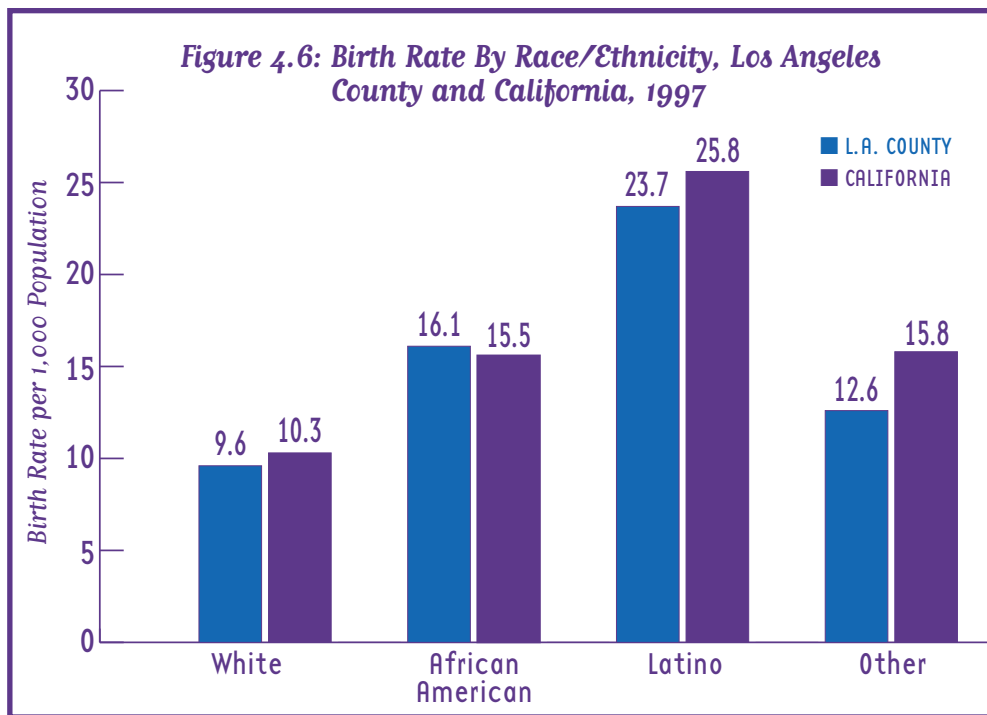
See page 83 for endnotes.

Maternal and Infant Health

Los Angeles County and California, especially in the 1990s, have seen significant improvements in the amount of early prenatal care received and in the reduction of infant mortality, a testament to the results that can be achieved when focused interventions are applied. Maternal and infant health is considered an index of overall health within a community. Thus, improvement in the health of mothers and infants is an important priority and opportunity for elevating a community's health status. Indicators most often used to assess maternal and infant health are receipt



Source: Los Angeles County Department of Health Services, MCAH Program, Perinatal Indicators, Los Angeles County, 1997.



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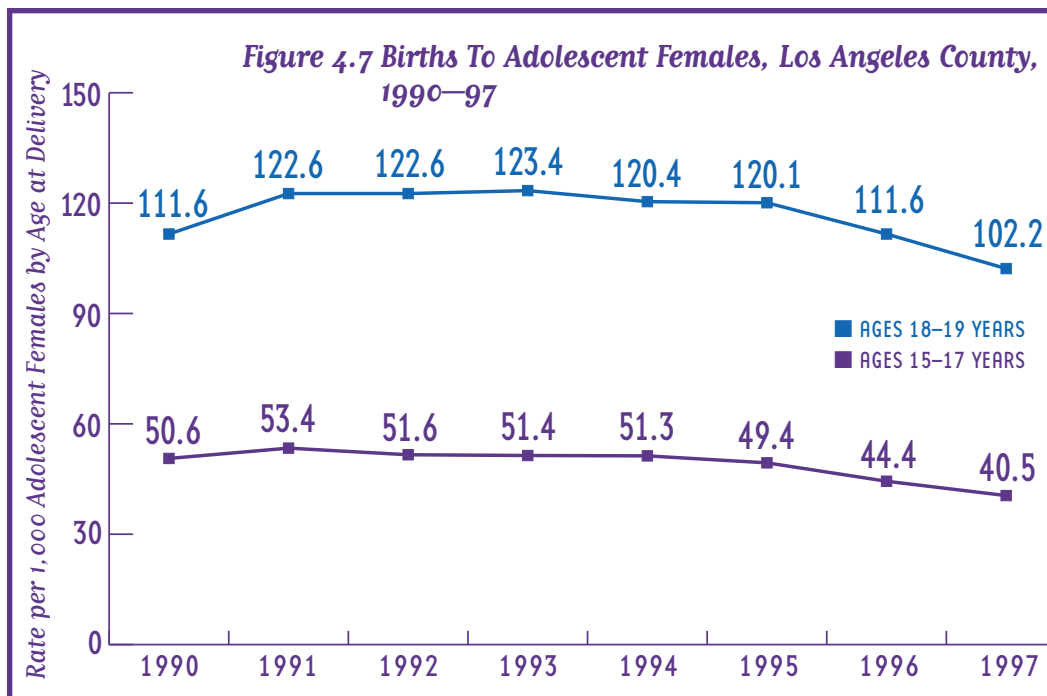
and adequacy of prenatal care, incidence of low birth weight babies, and infant mortality. These indicators are interrelated and are sensitive to a wide range of social, biological, health and environmental factors.⁶ Ultimately these traditional maternal and infant health indicators are important barometers of children's health and their chances of a healthier survival.

Birth Rate

- There was a decline in the birth rate for Los Angeles County and California from 1990 to 1997 (see Figure 4.5).
- The total number of live births in 1997 in Los Angeles County (162,036) made up approximately 31% of the total live births in the state of California (524,174).
- Los Angeles County's birth rate (17.0 per 1,000 residents) was slightly higher than that of the state's (15.9 per 1,000 residents) in 1997 (see Figure 4.5).
- The 1997 birth rate in Los Angeles County was highest for Latinos (23.7 per 1,000 residents) followed by African-Americans (16.1 per 1,000 residents), Asians (12.6 per 1,000 residents) and whites (9.6 per 1,000 residents) (see Figure 4.6).
- In 1997 an estimated 35% of live births to mothers ages 20 or older occurred in women with less than a high school education. This percentage has remained relatively unchanged from 1990 to 1997.

Teen Births

The United States has the highest teenage pregnancy rate among developed countries. An estimated one million teenagers become pregnant each year; 95% of those pregnancies are unintended and almost one-third end in abortions.⁷ Health departments, in conjunction with local community partnerships and organizations, have implemented comprehensive, integrated youth programs to help prevent teen pregnancies and related problems.



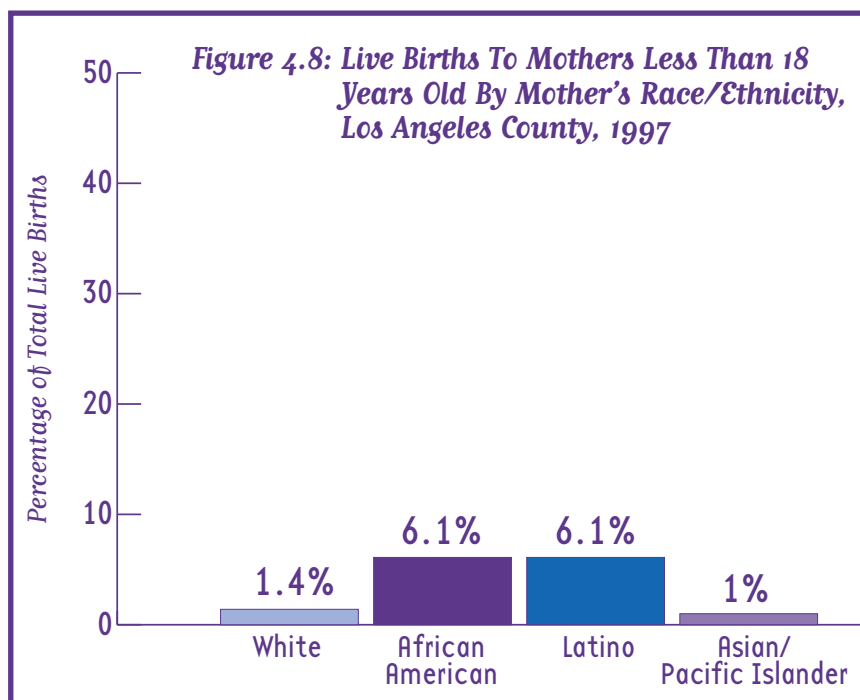
Source: Los Angeles County Department Of Health Services, MCAH Program, Perinatal Indicators, Los Angeles County, 1997.

- In 1997, the Los Angeles County teen birth rate was higher than the rate statewide, 15.2 and 13.6 births per 1,000 females under age 17, respectively; however, both geographic areas have experienced a decline in births to teens (see Table 4.1 and Figure 4.7).
- The highest proportion of births to teens in 1997 occurred among Latinos and African-Americans (6.1%), followed by whites (1.4%) and Asians (1.0%) (see Figure 4.8).

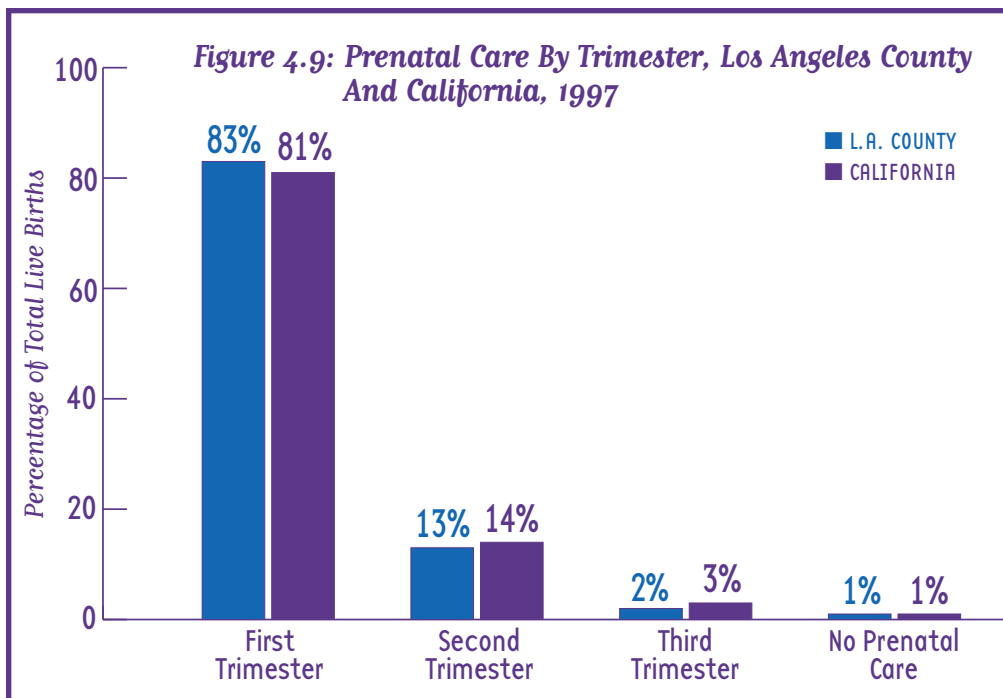
Prenatal Care

Prenatal care is widely acknowledged as the most cost-effective way to improve the outcome of pregnancy for all women and infants, particularly when it is received early in a pregnancy.

- The percentage of mothers who received prenatal care in the first trimester was 83% for Los Angeles County and 81% for California in 1997 (see Figure 4.9).
- In 1997, the proportion of mothers in Los Angeles County, who received no prenatal care or received care only during the third trimester was 2% and 1%, respectively (see Figure 4.9).
- The percentage of women receiving first trimester prenatal care has



Source: Los Angeles County department of Health Services, MCAH Program, Perinatal Indicators, Los Angeles County, 1997.



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increased steadily from 1990 to 1997 for both Los Angeles County and California (see Figure 4.10).

- Fifty percent of the women who gave birth in 1997 received prenatal care paid for by Medi-Cal (see Figure 4.11).
- Los Angeles County and California did not meet the Healthy People 2000 goal of 90% of mothers receiving first trimester prenatal care in 1997.
- African-Americans and Hispanics have the lowest proportion of births that receive adequate prenatal care as defined by the

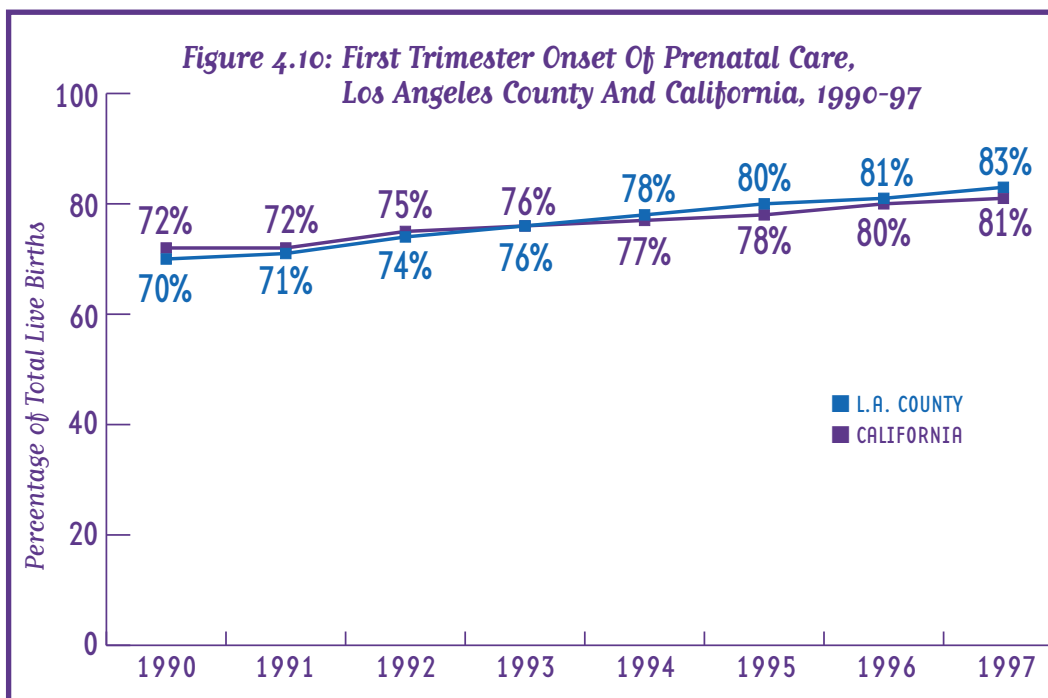
Kessner Index, a combined measure of the adequacy and amount of prenatal care received.

Low Birth Weight

Low birth weight is one of the leading causes of infant mortality. Infants who weigh less than 5.5 pounds (2,500 grams) at birth are considered low birth weight. Low birth weight infants are nearly twice as likely as normal weight infants to exhibit severe developmental delays throughout childhood.⁸ Factors associated with low birth weight

include teen pregnancy, unintended or unwanted pregnancy, lack of prenatal care, poor nutrition during pregnancy, maternal smoking, substance abuse, and stress.

- In 1997, low birth weight infants constituted 6% of all births for both Los Angeles County and California.

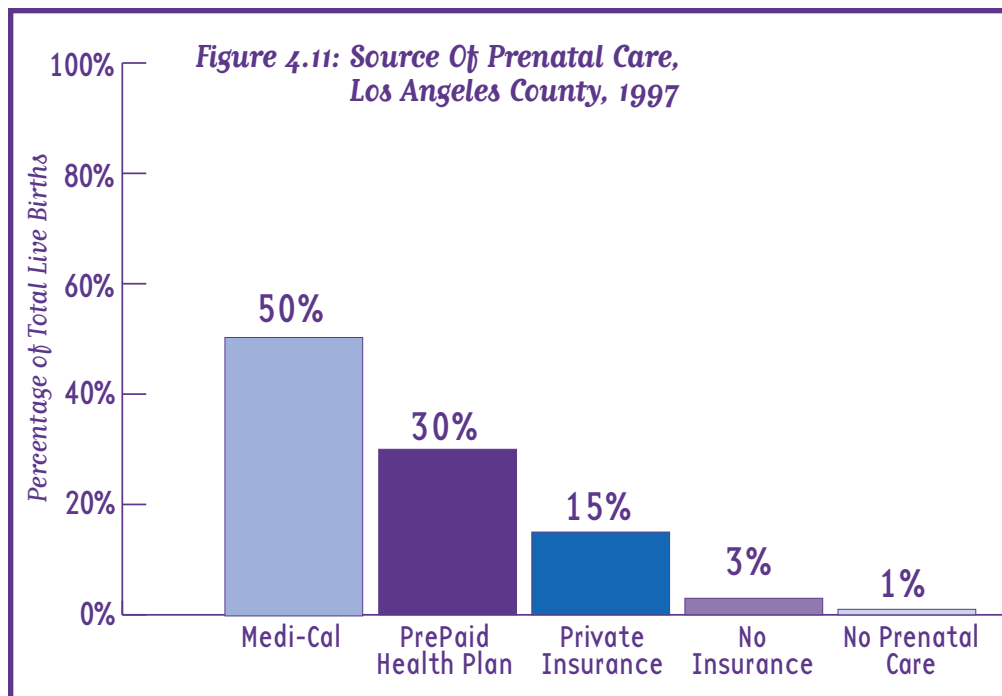


Source: Los Angeles County Department of Health Services, MCAH Program, Perinatal Indicators, Los Angeles County, 1997.

→ Both Los Angeles County and California's proportions of low birth weight infants exceeded the *Healthy People 2000* goal of 5% in 1997.

→ African-Americans (12%) had the highest proportion of low birth weight infants in Los Angeles County, followed by Asians (7%), whites (6%), and Latinos (6%) in 1997 (see Figure 4.11).

→ From 1990 to 1997, the proportion of low birth weight births remained relatively unchanged.



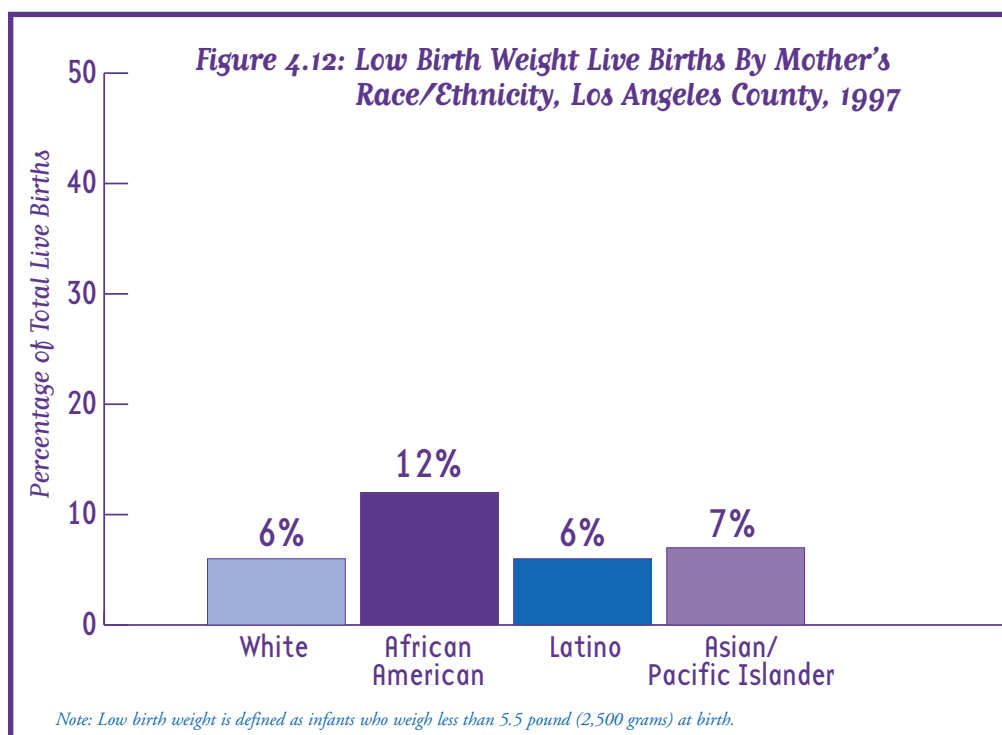
Source: Los Angeles County Department of Health Services, MCAH Program, Perinatal Indicators, Los Angeles County, 1997.

Infant Mortality

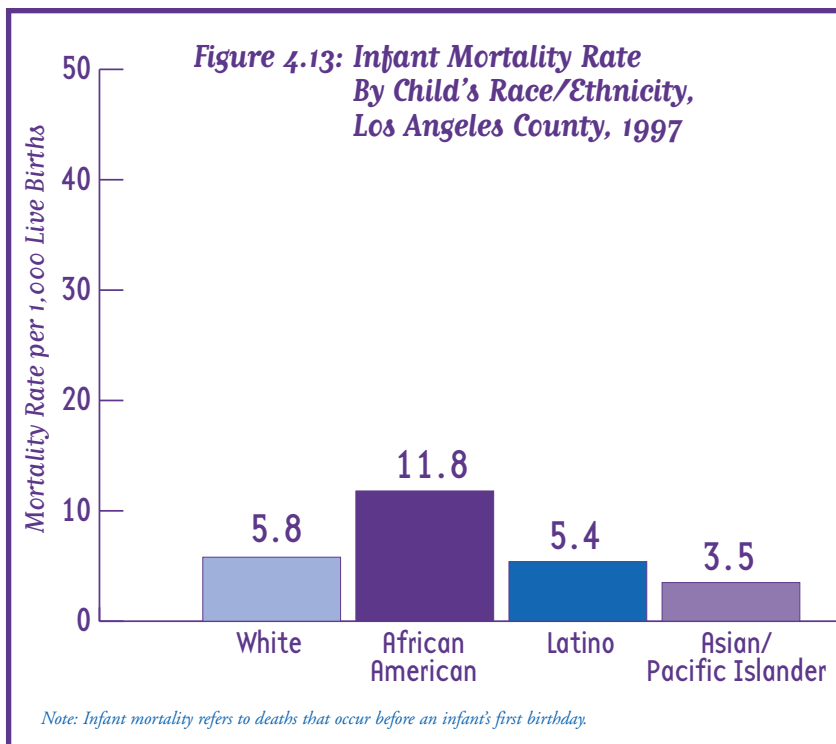
→ Infant mortality rates in Los Angeles County were comparable to those of California in 1997, with 5.9 infant deaths per 1,000 live births. Both geographic areas also had lower rates than the *Healthy People 2000* goal of 7.0 infant deaths per 1,000 live births.

→ African-Americans had the highest infant mortality rate of any racial group with 11.8 infant deaths per 1,000 live births in 1997 (see Figure 4.13).

→ The infant mortality rate for both Los Angeles County and California declined from 1990 to 1997 (see Figure 4.14).



Source: Los Angeles County Department of Health Services, MCAH Program, Perinatal Indicators, Los Angeles County, 1997.

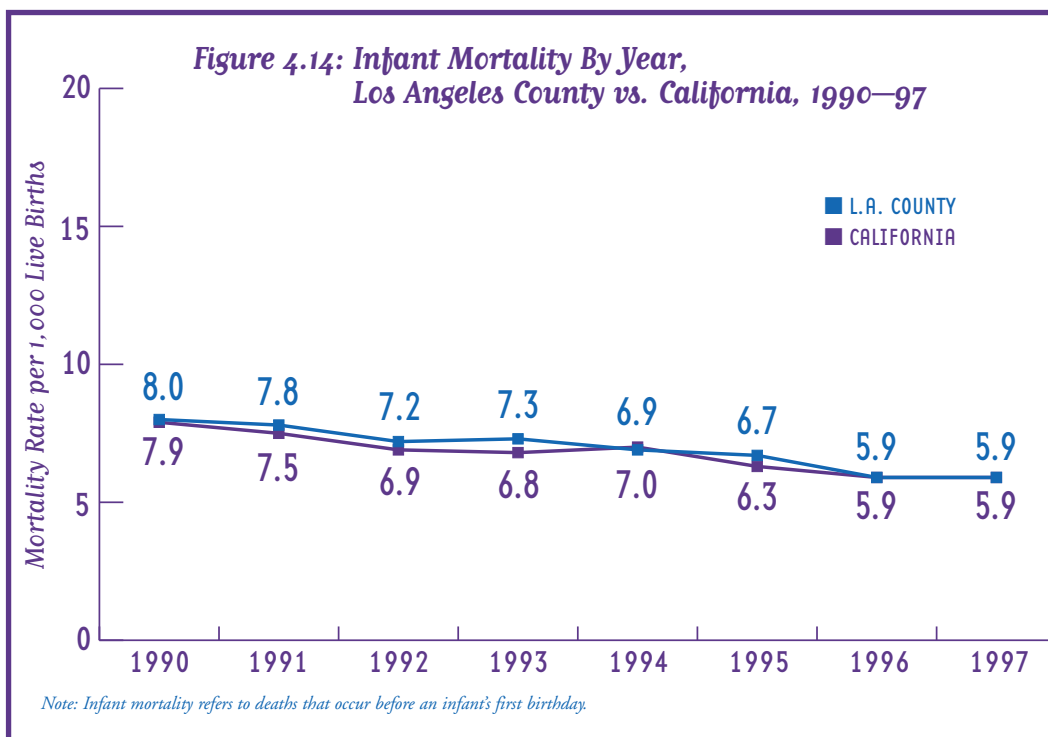


Source: Los Angeles County Department of Health Services, MCAH Program, Perinatal Indicators, Los Angeles County, 1997.

Maternal and Infant Health—Data Sources

1. Los Angeles County Department of Health Services—Public Health
MCAH Assessment and Planning Unit (MAP)
2. Los Angeles County Department of Health Services—Public Health
Data Collection and Analysis Unit
3. Los Angeles County Department of Health Services—Public Health
Office of Health Assessment and Epidemiology
1997 Los Angeles County Health Survey
4. California State Department of Finance
Demographic Research Unit
5. California Department of Health Services
Office of Health Information and Research
Center for Health Statistics

See Appendix for complete references on these and other data resources.
See page 83 for endnotes.



Source: Los Angeles County Department of Health Services, MCAH Program, Perinatal Indicators, Los Angeles County, 1997.